

Mahone Bay Quilters Guild

Membership Application

(Membership Year: June 1 - May 30)



Circle one: New Member or Renewing Member or Life Member

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Do you consider yourself a ___ beginner or ___ confident quilter?

What types of quilt workshops would you prefer?

___ Traditional ___ Modern ___ Art Quilts Other: _____

Are you comfortable with online meetings/workshops?

___ Yes ___ No, but willing to learn ___ Not interested

Personal information collected on this form will only be used by Mahone Bay Quilters Guild for the purposes of:

- maintaining a list of members
- sharing Guild related information with our members, such as newsletters, updates, meeting notices, events, etc.
- sharing with Executive of the Guild and to other members of the Guild as deemed reasonable and/or necessary by the Executive

No information will be sold, shared or given to anyone outside of our Mahone Bay Quilters Guild.

Please check one:

_____ I do _____ I do not consent for my contact information to be included in the membership list for the purposes described above.

Print Name: _____ **Signature:** _____

Date	Payment method	Membership card	Consent